

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9 MAR 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5392

1. PLACE OF DEATH

County Cass

Registration District No. 148

File No. 88

Township

Primary Registration District No. 4082

Registered No.

City Beltan

(No. 2)

St.

Ward

2. FULL NAME

(a) Residence, John W. Berry

St.

Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Anne West Berry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 31, 1852

7. AGE

YEARS
84

MONTHS

5

DAYS

20

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Ret. Grain Merchant

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

Jan 1927

11. Total time (years)
spent in this
occupation

45

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Kentucky

FATHER
MOTHER

13. NAME

unk

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

unk

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Mrs J. W. Berry
Beltan Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beltan, Mo

DATE 2/24

1937

19. UNDERTAKER

(ADDRESS)

E. K. George & Sons
Beltan Mo

20. FILED

2-22, 1937 R. M. Miller

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1927, to Feb 21, 1937

I last saw h. in alive on Feb 18, 1937. Death is said

to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus

Date of onset

1927 Jan

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Miller

M. D.

(Address) Beltan Mo

